

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/08/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

12 Additional Sessions of Physical Therapy for the lumbar spine

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TASB Risk Management Fund, Notice of Preauthorization Denial and Rationale, 1/21/10,
TASB Risk Management Fund, Notice of Preauthorization Reconsideration Denial and
Rationale, 2/8/10
Health Center, 1/4/10, 12/30/09, 12/29/09, 12/28/09, 12/23/09, 12/22/09, 2/18/10,
1/25/10, 1/14/10, 2/2/10, 1/12/10
Memorial Hospital 10/30/09-1/1/09
Neurosurgical Institute 10/8/09, 2/11/10

PATIENT CLINICAL HISTORY SUMMARY

This is a patient injured in a slip and fall on x/xx/xx. Patient was initially diagnosed with contusion of coccyx and low back pain. On 9/8/09, MRI of lumbar spine was performed. Subsequently, there is a comment about spinal stenosis at L4/5 with a left L5 radiculopathy. Dr. recommended surgery in note dated 10/8/09. Lumbar laminectomy at L4-5 was performed on 10/30/09. Notes state the patient completed 12 sessions of PT in "home health setting." The patient then completed 6 additional sessions of PT at Health Center. 12 additional sessions of PT are being requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The ODG recommends physical therapy at a reduced frequency with emphasis on a home program. 16 visits over 8 weeks are recommended in ODG post-surgical treatment (discectomy/laminectomy). The records provided show the patient has completed 18 sessions of PT post-surgery. No explanation has been provided for why there should be a divergence from the guidelines in this instance. The reviewer finds that medical necessity does not exist at this time for 12 Additional Sessions of Physical Therapy for the lumbar spine.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)